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Bib Data Sheet

CONFIRMATION NO. 2923

<b>SERIAL NUMBER</b> 09/339,698	<b>FILING DATE</b> 06/24/1999 <b>RULE</b>	<b>CLASS</b> 101	<b>GROUP ART UNIT</b> 2854	<b>ATTORNEY DOCKET NO.</b> D1005/192221
<b>APPLICANTS</b> BENNY R. RICH, OAKWOOD, GA; MARK D. DAVIS, ALPHARETTA, GA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 08/514,298 08/11/1995 PAT 5,944,355				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 07/21/1999</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 8
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23370				
<b>TITLE</b> METHOD FOR PRINTING A MULTI-PLY LABEL				
<b>FILING FEE RECEIVED</b> 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

SERIAL NUMBER 09/339,698	FILING DATE 06/24/99	CLASS 283	GROUP ART UNIT 3722	ATTORNEY DOCKET NO. D1005/192221
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APPLICANT

BENNY R. RICH, OAKWOOD, GA; MARK D. DAVIS, ALPHARETTA, GA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A DIV OF 08/514,298 08/11/95, NOW U.S. PATENT  
NO. 5,144,355

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/21/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 10	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	JOHN S PRATT KILPATRICK AND CODY 1100 PEACHTREE STREET SUITE 2800 ATLANTA GA 30309-4530
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TITLE	METHOD FOR PRINTING A MULTI-PLY LABEL
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FILING FEE RECEIVED  \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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